

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

10 560796

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
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49						
50						
TOTAL IND.			↓		↓	
TOTAL DEP.			←		←	
TOTAL CLAIMS						

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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71						1
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75						1
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77						
78						1
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81						
82						
83						
84						
85						
86						
87						
88						
89						
90						1
91						
92						1
93						
94						
95						1
96						
97						
98						
99						
100						1
TOTAL IND.				↓		
TOTAL DEP.			←		←	
TOTAL CLAIMS						

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	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
	101		1					151					
102								152					
103								153					
104								154					
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145								195					
146								196					
147								197					
148								198					
149								199					
150								200					
TOTAL IND.			8										
TOTAL DEP.			23										
TOTAL CLAIMS			31										